

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		21					54						
5		10					55						
6		④1					56						
7		1④					57						
8		④1					58						
9		1					59						
10		④1					60						
11		6④					61						
12		④1					62						
13		1④					63						
14		④1					64						
15							65						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓			↓		↓		↓
TOTAL DEP.	13	←		←		←			←		←		←
TOTAL CLAIMS	14												